

Healthcare Managers Leadership Institute 2013

Presented by The Maryland Healthcare Education Institute

DISCUSSION COMMITMENT FORM

Today's Date _____

Your Name _____

Your Manager's Name _____

We have reviewed the attached **Healthcare Managers Leadership Institute Discussion Guide** and are committed to discussing the Key Concepts and Competencies as outlined on the document.

We understand that the "Reflection Questions" are intended for the participant to think about after each session and that the "Desired Outcomes" are intended to help both the participant and the participant's manager focus the discussion on maximizing the opportunities for transferring the learning to the workplace. We also realize that this discussion will be a learning experience for each of us individually and together.

As the participant's manager, I understand that I will be asked to do two (2) evaluations of the **Healthcare Managers Leadership Institute**. The first will be immediately after the end of the institute and evaluate how well the participant understood the key concepts as reflected in our discussions. The second will be six months after the institute and evaluate how well the outcomes are being achieved.

(Participant's Name) (Participant's Signature)

(Manager's Name) (Manager's Signature)